

Utah Specific Transaction Instructions ENCOUNTER RECORD

837 Health Care Claim: Professional
ASCX12N 837 (004010X098A1)

The Health Insurance Portability and Accountability Act (HIPAA) requires that Medicaid, and all health insurance payers in the United States, comply with the Electronic Data Interchange (EDI) standards for healthcare as established by the Secretary of Health and Human Services. The ANSI ASC X12N 837P Version 4010 implementation guide has been established as the standard of compliance. For encounter records, Utah Medicaid will implement the Addenda corrections for the Health Care Claim: Professional (004010X098A1). The implementation guide is available electronically at www.wpc-edi.com. The following supplemental requirements are specific to Utah Medicaid and are intended to serve as a companion guide to the HIPAA ANSI X12N implementation guide.

Requirements:

1. An Electronic Commerce Agreement must be in place. The form is available at www.UHIN.com.
2. A Utah Medicaid EDI Enrollment form must be completed and on file prior to the submission of encounter records. The form is available at http://www.health.utah.gov/hipaa/medicaid_pcn.htm. Transactions submitted without an Electronic Transmitter Identification Number (ETIN) or Trading Partner Number (TPN) on file with Medicaid will be rejected back to the sender.
3. 837 encounter records may be sent anytime 24 hours a day, 7 days a week.

Version 1

Utah State Dept. of Health
Division of Health Care Financing

Encounter Record
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COMPANION GUIDE

Page	Loop	Segment	Element No.	Data Element	Values / Comments
HEADER					
65		BHT06	640	Claim or Encounter Identifier	"RP"
SUBMITTER					
69	1000A	NM109	67	Submitter Primary Identification Number	Electronic Address – Trading Partner Number (TPN)
85	2010AA	NM103	1035	Billing Prov Last Name	
85	2010AA	NM104	1036	Billing Prov First Name	
85	2010AA	NM105	1037	Billing Prov Middle Name	
92	2010AA	REF01	128	Reference ID Qualifier	"1D" – Medicaid Provider Number
92	2010AA	REF02	127	Billing Provider Secondary ID Number	Medicaid assigned number for the billing provider. Cannot be blank.
RECEIVER					
75	1000B	NM103	1035	Receiver Name	"Utah Medicaid – MCO"
75	1000B	NM109	67	Receiver Primary Identifier	"HT000004-002"
PATIENT INFORMATION					
158	2010CA	NM103	1035	Patient Last Name	
158	2010CA	NM104	1036	Patient First Name	
158	2010CA	NM105	1037	Patient Middle Name	
165	2010CA	DMG02	1251	Patient DOB	

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Page	Loop	Segment	Element No.	Data Element	Values / Comments
165	2010CA	DMG03	1068	Patient Gender Code	Valid codes are F, M, U
166	2010CA	REF01	128	Reference Identification Code	"1W"
167	2010CA	REF02	127	Patient Secondary Identifier	Client PACMIS number.
CLAIM INFORMATION					
171	2300	CLM01	1028	Patient Account Number	
172	2300	CLM02	782	Total Claim Charge Amount	Amount charged by provider for service.
172	2300	CLM05-1	1331	Place of Service	
173	2300	CLM05-3	1325	Claim Submission Reason Code	1 – Original 6 – Corrected 7 – Replacement 8 – Void
175	2300	CLM09	1363	Release of info from client	
222	2300	REF02	127	Claim Original Reference Number	Original Transaction Control Number (TCN) if correcting, replacing or voiding a record.
265	2300	HI01-2	1271	Principal Diagnosis	
266	2300	HI02-2 thru HI08-2	1271	Other Diagnoses	
COORDINATION OF BENEFITS INFORMATION - Loop should include MCO information. Repeat loop for other payers.					
332	2320	AMT02	782	COB Payer Paid Amount	Amount paid by MCO or other payer for service.
334	2320	AMT02	782	Allowed Amount	Amount allowed for service by MCO or other payer (if available).

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Page	Loop	Segment	Element No.	Data Element	Values / Comments
LINE INFORMATION					
400	2400	SV101	C003	Product or Service Code and Modifiers	HCPCS codes and modifiers for service rendered.
402	2400	SV102	782	Line Item Charge Amount	
403	2400	SV103	355	Units or Basis for Measurement Code	F2 – International Unit MJ – Minutes (for anesthesia only) UN – Unit
403	2400	SV104	380	Service Unit Count	
436	2400	DTP02	1250	Date Time Period Format – Date of Service	If single date “D8”, if range “RD8” in CCYYMMDD format
436	2400	DTP03	1251	Service Date	